



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions
Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

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Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: Medium

SUBJECT: MA – ENTRY OF HEALTH INSURANCE INFORMATION IN CARES

CROSS REFERENCE: Income Maintenance Manual, Chapter V, Part E
Medical Assistance Handbook, Appendix 12, 12.2.10.1

EFFECTIVE DATE: Immediately

PURPOSE

This memo:

1. Clarifies Medicaid (MA) / BadgerCare eligibility policy on insurance access versus coverage.
2. Shares improvements made to the CARES/MMIS ¹ insurance coverage interface.
3. Introduces the new Insurance Carrier file for CARES workers, CARES Screen MICC.
4. Shares upcoming CARES/MMIS interface improvements.
5. Provides tips for workers' use to reduce mismatches between CARES and MMIS insurance coverage information.

BACKGROUND

With the implementation of BadgerCare, major medical insurance coverage and access to employer-sponsored or State Employee insurance became a part of the nonfinancial eligibility criteria. The presence of major medical insurance coverage in the current month or in any of the prior three calendar months usually means that the covered individual is not eligible for

¹ MMIS: Medicaid Management Information System

BadgerCare. Insurance coverage information, otherwise known as Third Party Liability (TPL), for all MA and BadgerCare is shared between CARES and the MMIS systems automatically. In addition, we have EDS verify the presence of employer provided family insurance access to determine if health insurance access is a barrier to BadgerCare eligibility. Insurance access for BadgerCare recipients is also shared between the CARES and MMIS systems automatically.

POLICY

Insurance access and insurance coverage are two separate MA policies. Following is a brief statement of each MA policy and the process surrounding it. Please refer to the appropriate sections of the **MA Handbook** (MAHB) listed below or to the **Income Maintenance Manual** (IMM) for more information.

INSURANCE ACCESS

An individual is ineligible for BadgerCare if s/he could be covered (or could have been covered in the previous 18 calendar months) by a family group health plan in which the employer pays 80% or more of the insurance premium. In addition, any person who has access to a state employees group health plan, regardless of employer contribution, is ineligible for BadgerCare.

Employment information is entered on AFEI and employer provided health **insurance access** on the detail screen behind, AFEI, AFAC (See MAHB Appendix 12.2.10). The MA eligibility worker should ask the individual if they have access to insurance through his/her employer. The worker does not determine if the employer is paying 80% or more of the premiums. We leave this job to EDS. EDS verifies access after CARES issues BadgerCare benefits. EDS automatically informs CARES when there are case members that meet the state-defined employer provided insurance access definition.

When MMIS receives employer verification of family major medical insurance access where the employer contributes at least 80% toward the monthly cost of the insurance premium, MMIS sends CARES an update. CARES automatically applies the access information and automatically “closes” BadgerCare for the individuals with access using adverse action to determine the closure date. Alert 288, “AFAC Insurance Access Reported”, is issued to allow workers to change this information if necessary to prevent a closure (for example, a worker learns that this is no longer a current employer for an individual in the case).

If EDS does find access, but the insurance policy does not meet the requirements to close BadgerCare (family coverage or the employer share is not 80% or more), EDS evaluates the cost of the insurance policy and available benefits under the Health Insurance Premium Payment program (HIPP). If it is cost-effective to purchase this insurance, MMIS will send the insurance policy information to CARES. The insurance policy shows in CARES on AFMC and AFMI. If a current HIPP insurance policy is on file in CARES, do not change it. HIPP insurance policies do not affect BadgerCare benefits. Workers can identify a HIPP designated policy on AFMI, which shows a major medical (MM) flag of “H” (HIPP). Do not add new insurance sequences during the coverage dates on the HIPP policy, unless coded as an “N” under Major Medical (MM) on AFMI. If there are questions concerning **insurance access** determinations, contact a HIPP analyst at 1-888-907-4455. If you find a case in which you believe that the company is providing that employee with group health insurance where the employer pays 80% or more of the insurance premium, call the HIPP Analyst. S/he will follow up and re-examine the EDS determination.

If EDS receives information from an employer, and it indicates that the first enrollment period for a new employer is a future date, EDS holds the update to CARES until after the adverse action cycle of the month the coverage would start. For example, if a coverage could start in January 2002, EDS sends the access update after the ACT cycle that runs in December 2001. This would allow continuous BadgerCare benefits during the transition to the employer-sponsored insurance coverage.

INSURANCE COVERAGE

An individual is ineligible for BadgerCARE if that individual is covered or has been covered by a health insurance plan in the prior three months and the plan meets the standards of a HIPAA standard plan. Enter all employer provided or privately purchased health **insurance coverage**, meeting the standards, listed in **MAHB**, Appendix 12.2.9.3, on AFMC and AFMI.

Do not enter insurance coverage on AFMC or AFMI when it is identified as:

1. Medicare coverage Part A or Part B (Entered on CARES Screen AFMD)
2. HIRSP
3. GAMP
4. General Assistance
5. Limited insurance plans that pay only if a specific diagnosis
6. Other insurance types that do not cover medical services

MMIS will automatically update CARES if major insurance coverage is found for an individual in the group.

If MMIS sends CARES major medical insurance coverage information for the three months prior to the month of application, then the covered individuals automatically “close” for BadgerCare with an end date determined using adverse action logic. At this time, alert 289, “Major Med Ins Covrge Reported”, is sent to the worker to allow changes to the reported coverage if necessary to prevent the closure.

If EDS verifies an existing major medical policy has ended or that the client has no major medical benefits, MMIS sends an update to CARES that automatically applies. CARES also issues alert 282, “Chg in BC Ins Cvr. Run SFED”, to prompt workers to determine whether the individual may be eligible for BadgerCare. In this situation you can run either SFED or SFEX.

CARES/MMIS INTERFACE IMPROVEMENTS

Listed below are several of the improvements that have already been made. Others will be scheduled for production.

WHEN MMIS SENDS INSURANCE COVERAGE UPDATES TO CARES

MMIS does not send all insurance updates to CARES. MMIS only sends CARES updates when individual coverage has been verified. DHFS considers updates to MMIS from the Insurance Carrier tapes (provided to EDS by insurance carriers) to be “verified” and MMIS sends these to CARES. MMIS also sends CARES the EDS manually verified updates that result from clients, workers, or MA providers. EDS performs other updates without verification, however, MMIS does not send these policy updates back to CARES, as they were in the past. We made these changes in September 2000.

In addition, CARES/MMIS produce insurance discrepancy reports for current BadgerCare recipients. These reports are being reviewed case-by-case to correct the discrepancies on an ongoing basis. This is a temporary manual procedure completed by EDS until additional improvements occur in the interface. Workers can contact the EDS Premium Unit if they need more information about a case discrepancy.

AFMI ENDING AFMC INCORRECTLY

A change was made in CARES in December 2000, to prevent MMIS interface records from incorrectly applying an end date to AFMC for an individual on AFMI when there were other individuals with current coverage on AFMI. Previously, the incorrect end dates that the system applied to AFMC could not be accurately removed. Therefore, if workers notice that CARES does not appear to be processing BadgerCare benefits using the information on AFMI, please check AFMC to ensure the dates are correct. If you find further problems, please contact the CARES Call Center at (608) 261-6317.

WHEN CARES SENDS INSURANCE COVERAGE UPDATES TO MMIS

CARES does not send all worker entered changes on AFMC/AFMI to MMIS. CARES first determines if enough data is present on AFMC/AFMI (the necessary data fields are listed below), and then determines if the data that changed is one of the "required updates to interface". This is necessary because without minimal information, EDS/MMIS can not verify the insurance policy.

These fields must be present on AFMC before CARES will send an update to MMIS:

1. Policy Number
2. Policy Begin Date
3. Carrier Code
4. Is the Owner an Absent Parent?
5. If "99" is entered as a shortlist number for the owner, the policy owner's last name and first name must also be entered.

CARES sends subsequent updates to MMIS only if the worker applies a change to one of the following:

1. AFMC, the delete code, carrier code, policy end date or absent parent indicator.
2. AFMI, the delete code, begin date or end date.

CARES will also send information to MMIS when a person is added to AFMI as long as the necessary fields are completed on AFMC (See the list above).

THE MMIS INSURANCE CARRIER LISTING

Beginning with cases processed on June 25, 2001, workers will have access to the complete list of insurance carriers that are currently available in MMIS. This screen will be accessible through AFMC by entering a "#" in the carrier code field, or by entering MICC in the NEXT TRAN field from almost any screen on CARES. CARES will update the new table on a weekly

basis using a file from MMIS, so the valid insurance carriers available to MMIS will now be available to ES workers and CARES.

To get the complete list to appear in **carrier name order** you can do 1 of these 2 actions:

1. Enter the partial carrier name in the SEARCH STRING
2. Enter TRAN "MICC" and PARM "(partial carrier name)"

To get the complete list to appear in **carrier code order**, you can do 1 of these 3 actions:

1. Enter CARRIER CODE "#" on AFMC
2. Enter the carrier code or partial carrier code followed by "/" in the SEARCH STRING
3. Enter TRAN "MICC" with nothing in the PARM

In addition, carrier code "OTH" will no longer be valid on AFMC effective June 25, 2001. The carrier code on AFMC is not a required field, so if this information cannot be resolved immediately, this field can be left blank. If you do not see a particular carrier on the complete list, please contact an EDS Coordination of Benefits (COB) analyst at 608-221-4746, extension 3108.

MICC		TPL CARRIER CODES		06/26/01 13:34	
				XCT934 S JANKOWSKI	
CARR CODE	CARRIER NAME	ADDRESS	CITY	ST	ZIP CODE
AAA	AETNA SERVICES INC 009	3855 SPARKS DR SE	GRAND RAPIDS	MI	49546
A02	MAPA THIRD PARTY ADMINISTRA	PO BOX 2850	ROCKFORD	IL	61132
A04	AMERICAN FIBER VELOPE	3725 HAWTHORN CT	WAUKEGAN	IL	60085
A07	SCHULTZ BROS	800 N CHURCH LAKE	ZURICH	IL	60047
A09	HORMEL INC	PO BOX 800	AUSTIN	MN	55912
A11	WI CENTRIFUGAL INC	905 E ST PAUL AVE	WAUKESHA	WI	53186
A13	FRITO LAY	2317 LARSON ST	LACROSSE	WI	54603
A14	PIONEER CONTAINER CORP	PO BOX 45	CEDARBURG	WI	53012
A17	AKERS PACKAGING	1037 E 87TH STREET	CHICAGO	IL	60617
A20	MARINA VIEW NURSING HOME	1522 N PROSPECT	MILWAUKEE	WI	53212
A21	ZENITH ADMINISTRATORS INC	7645 METRO BLVD	MINNEAPOLIS	MN	55439
A23	MCM CORPORATION	PO BOX 3025	MILWAUKEE	WI	53201
A24	RETAIL FOOD WELFARE FUND	2002 LONDON ROAD	DULUTH	MN	55812
SELECTION : ____		SEARCH STRING : _____			
NEXT TRAN: ____		PARMS: _____ MORE...			

UPCOMING CARES/MMIS INTERFACE IMPROVEMENTS

In the coming months, we are making several additional improvements to the TPL sharing processes that occur in CARES and in MMIS. Some of these changes include elimination of:

1. Certain edits that prevent worker updates from applying to the MMIS insurance (MMIS system).
2. Inappropriate setting of worker alert "289 – MM Insurance Reported. Run SFED" (CARES system).

3. MMIS adding new insurance with end dates older than 13 months past (MMIS system).
4. Automatic update from carrier tapes on BadgerCare recipient's policies that would cause BadgerCare benefits to end. EDS' staff will review the updates before applying them in MMIS and CARES (MMIS system).

We will notify you by DXBM or in future Operations Memos when we make these changes.

TIPS TO REDUCE CARES & MMIS INSURANCE DISCREPANCIES

Following are some suggestions we wish to share with you.

1. Allow 2 to 5 days for changes to appear on MMIS.
2. If you delete insurance coverage information for all individuals on AFMI, delete the corresponding AFMC segment as well.
3. A blank AFMI screen will appear in the driver flow while running SFED or SFEX when all of the AFMI information has been automatically deleted on CARES due to updates from MMIS.

When this occurs, do 1 of these actions:

- a. If the information on AFMC is correct and does not appear on another sequence of AFMC, apply the individual coverage information to AFMI.
 - b. AFMC is incorrect or has been replaced by another sequence of AFMC, delete the AFMC segment.
4. Do not delete AFMI or AFMC screens only because the coverage period has ended. CARES and MMIS need this historical information.
 5. If you end date an employer or add a new employer and insurance access needs to be verified, remember to update AFAC or use PF24 on AFEI to send the information to EDS.
 6. An "X" or an "M" on AFMI in the verification code usually indicates that the CARES transaction has failed an edit at EDS and requires worker resolution. The worker cannot change these edits. If you have written verification that an individual's insurance has ended, you should call the COB analyst at (608) 221-4745, extension 3108, to resolve this issue.
 7. If there are questions concerning insurance **access** determinations, contact a HIPP analyst at 1-888-907-4455.
 8. Look at MIER to find transactions that have failed edits at EDS.
 9. If you have any need assistance in resolving discrepancies between CARES and MMIS or selecting a Carrier Code, contact the COB analyst at 608-221-4746, Extension 3108.

CONTACT

DES CARES Information & Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Telephone: 608-261-6317 (Option #1)
Fax: 608-266-8358

Note: Email contacts are preferred. Thank you.